

# SAFETY CHECK IN FOR STAFF PERSONNEL

Name (Last, First, MI)		Rate
Company/School	Birth Date	Check In Date
Email Address	Phone Number	High Risk Instructor <input type="checkbox"/> Yes <input type="checkbox"/> No
CPR Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Qualified:	

Medical Surveillance Programs	
Hearing Conservation <input type="checkbox"/> Yes <input type="checkbox"/> No	Sight Conservation <input type="checkbox"/> Yes <input type="checkbox"/> No
Ear Plugs Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Material <input type="checkbox"/> Yes <input type="checkbox"/> No	Laser <input type="checkbox"/> Yes <input type="checkbox"/> No
Respirator Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Explosive <input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos <input type="checkbox"/> Yes <input type="checkbox"/> No	Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No
Crane <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No

Topics Discussed	
Company Safety Supervisor	
Command/Individual Safety Responsibilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Commanding Officer's Safety Policy Statement <input type="checkbox"/> Yes <input type="checkbox"/> No
Hazards Common to the Workplace Assigned <input type="checkbox"/> Yes <input type="checkbox"/> No	Procedures to follow for reporting an Unsafe/Unhealthful operation or condition and the necessary steps in the appeal process. <input type="checkbox"/> Yes <input type="checkbox"/> No
Mishap Reporting Procedures - Review Mishap/Near Mishap Report Form (NCTC 5101/2). Discuss timeframes for reporting mishaps to the Safety Office. <input type="checkbox"/> Yes <input type="checkbox"/> No	Command Indoctrination will include the following training: Safety Supervisor, Bloodborne Pathogens, DOD HAZCOM and CPR. <input type="checkbox"/> Yes <input type="checkbox"/> No

**\* Note \***  
ITEM SPECIFIC HAZARDOUS MATERIAL TRAINING WILL BE CONDUCTED AT THE COMPANY/DEPARTMENT LEVEL PRIOR TO USING ANY HAZARDOUS MATERIAL.

Motorcycle/ATV owner? Y N (Circle). If yes, date of MSF Training and/or SVIA Training \_\_\_\_\_. Discussed/reviewed OPNAVINST 5100.12H requirements (including seatbelt use and other PMV requirements). Page 13 entry signed and witnessed? Y N (Circle)  
Date\_\_\_\_\_.

Comments

Member Signature

Safety Manager Signature

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE - Any misuse or unauthorized disclosure may result in both civil and/or criminal penalties.